

PTO/SB/21 (09-04)

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/037,096	RECEIVED CENTRAL FAX CENTER APR 03 2006
	Filing Date	10/22/2001	
	First Named Inventor	Xavier et al.	
	Art Unit	2123	
	Examiner Name	Russell L. Gull	
Total Number of Pages In This Submission	12	Attorney Docket Number	SD6851/S98528

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Sandia Corporation		
Signature	<i>William R. Conley</i>		
Printed name	William R. Conley		
Date	04/03/2006	Reg. No.	55,844

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: 571-273-8300			
Signature	<i>William R. Conley</i>		
Typed or printed name	William R. Conley	Date	04/03/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/037,096

Confirmation No. : 5879

Applicant : Xavier et al.

Title: *Apparatus and Method for
Interaction Phenomena With
World Modules in Data-Flow-
Based Simulation***RECEIVED****CENTRAL FAX CENTER****APR 03 2006**

Filed : 10/22/2001

Art Unit : 2123

Examiner : Russell L. Guill

Docket No. : SD6851/S96528

Customer No. : 20567

AMENDMENTCommissioner for Patents
P.O. 1450
Alexandria, VA 22313-1450

Date: 04/03/2006

Sir:

In response to the Office Action mailed 01/31/2006, please amend the above identified application and reconsider the patentability of the invention in light of the arguments and amendments presented. Applicants submit the following in complete response thereto.

The Office is hereby authorized to charge **Deposit Account # 19-0131** for any necessary fees regarding this Reply.